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| <b>Case Number:</b>   | CM14-0138316 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 12/03/1997 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 08/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71-year-old female sustained an industrial injury on 12/3/97. The mechanism of injury was not documented. Past surgical history was positive for right knee arthroscopy x2 in 1998, left tibia fracture surgery in 1998, and left knee arthroscopy in 2000. The patient underwent left knee intra-articular Euflexxa injections with arthrogram under fluoroscopy on 6/5/14, 6/12/14, and 6/20/14. The arthrogram findings noted degenerative changes. The 7/31/14 treating physician report indicated the patient was being treated for bilateral knee pain. She reported swelling, excruciating pain, and instability. Alleviating factors included sitting and topical medication. The patient underwent left knee injection on 2/7/14 with 90% relief and increased functional mobility and activity levels. Physical exam documented slightly unsteady gait, bilateral 1/4 patellar reflexes, and bilateral knee tenderness. The patient had activity limitations due to pain and had not participated in an exercise program in the past 6 months. The treatment plan recommended one intra articular left knee injection with arthrogram under fluoroscopy and referral to an orthopedic surgeon for consultation regarding the knees. The 8/20/14 utilization review modified the request for one intra articular knee injection with arthrogram under fluoroscopy and approved one intra-articular knee injection. The request for arthrogram and fluoroscopy was denied consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One Intra Articular Knee Injection With Arthrogram Under Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Corticosteroid injections

**Decision rationale:** The California MTUS guidelines indicate that repeat corticosteroid injections for the knee are optional. The Official Disability Guidelines state that a repeat corticosteroid injection may be an option if there are several weeks of temporary, partial resolution of symptoms, and then worsening pain and function. Injections are generally performed without fluoroscopic or ultrasound guidance. The MTUS guidelines state that MRI is superior to arthrography for both diagnosis and safety reasons. The 8/20/14 utilization review partially certified this request and approved one intra-articular left knee injection. The request for arthrogram and fluoroscopy was denied. There is no compelling reason to support the medical necessity of fluoroscopic guidance for the approved injection in the absence of guideline support. Arthrograms of the left knee were performed on 6/5/14, 6/12/14, and 6/20/14 during Euflexxa injections. There is no rationale provided or guideline support for the repeated use of arthrography. Therefore, this request is not medically necessary.

**One Referral To Orthopedic Surgeon For Consultation For Bilateral Knees:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

**Decision rationale:** The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. This patient is being treated for significant bilateral knee pain and is status post bilateral surgery. MRI findings are positive for tricompartmental osteoarthritis and grade III/IV chondromalacia patella. Comprehensive conservative treatment has been provided without sustained improvement. Therefore, this request is medically necessary.